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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

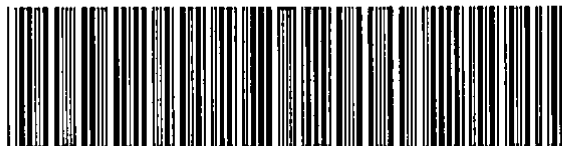
(Business Entity Name)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 12, 2020

JERI DEVALE, PHD  
INSTITUTE OF HEALING ARTS AND FILMS INC.  
6241 43RD TERR N  
KENNETH CITY, FL 33709

SUBJECT: INSTITUTE OF HEALING ARTS AND FILMS INC.  
Ref. Number: N11000000300

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE DOCUMENT YOU HAVE SUBMITTED IS SPECIFICALLY USED FOR FLORIDA PROFIT BENEFIT CORPORATIONS OR FLORIDA PROFIT SOCIAL PURPOSE CORPORATIONS ONLY.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 520A00020029

COVER LETTER

Amendment Section  
Division of Corporations

NAME OF CORPORATION: Institute of Healing Arts and Films Inc.

DOCUMENT NUMBER: N110000000300

enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeri DeVale, PhD  
(Name of Contact Person)

Institute of Healing Arts and Films Inc.  
(Firm/ Company)

6241 43rd Terr N  
(Address)

Kenneth City, FL 33709  
(City/ State and Zip Code)

codiscoveries@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeri DeVale at 727-374-3092  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee  
*already paid*

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy  
(Additional copy is enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy is Enclosed)

Mailing Address

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

Institute of Healing Arts And Films Inc.

ame of Corporation as currently filed with the Florida Dept. of State)

111 000 000 300

(Document Number of Corporation (if known))

rsuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following  
endment(s) to its Articles of Incorporation:

If amending name, enter the new name of the corporation:

N/A

The new

me must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."  
Company" or "Co." may not be used in the name.

N/A

Enter new principal office address, if applicable:

Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_

\_\_\_\_\_

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

\_\_\_\_\_

\_\_\_\_\_

If amending the registered agent and/or registered office address in Florida, enter the name of the  
new registered agent and/or the new registered office address:

Name of New Registered Agent:

N/A

N/A

(Florida street address)

New Registered Office Address:

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

N/A

Signature of New Registered Agent, if changing

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amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name,  
address of each Officer and/or Director being added:

(attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P= President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office title. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

Change	PT	John Doe
Remove	V	Mike Jones
Add	SV	Sally Smith

Type of Action (check One)	Title	Name	Address
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u> <u>PDC</u> <u>and CEO</u>	<u>Jeri DeVale Ph.D</u>	<u>6241 43rd Terr N</u> <u>Kenneth City, FL 33709</u>
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>STD</u>	<u>CAROLINE CARTER</u>	<u>5344 Lewis Rd.</u> <u>Agoura Hills, CA 91301</u>
<input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
<input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
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<input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
<input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

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date of each amendment(s) adoption: 8-27-2020 if other than the  
this document was signed.

effective date if applicable: 8-27-2020  
(no more than 90 days after amendment file date)

g: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the  
document's effective date on the Department of State's records.

option of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s)  
was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 8-27-2020

Signature Jeri DeVale

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Jeri DeVale  
(Typed or printed name of person signing)

P  
(Title of person signing)